

CALIFORNIA PUBLIC UTILITIES COMMISSION
505 VAN NESS AVENUE, TRAINING ROOM
SAN FRANCISCO, CA 94102

ULTS WORKSHOP

Phone Bridge (for listening only): 877-780-7587
Passcode: 242672#

April 20, 2005
9:30 am – 4:00 pm
April 21, 2005, if necessary
April 27, 2005, if necessary

Objective: Determining the Role of the Certifying Agent

Conducted By: Telecommunications Division

AGENDA

I	<ul style="list-style-type: none">• Certification and Verification forms (Hard Copy)<ul style="list-style-type: none">○ Languages○ Braille and Other Formats	pp 2-8
II	<ul style="list-style-type: none">• Master Database and Confidentiality of Customers' Personal Information<ul style="list-style-type: none">○ carriers' customer database formats	p 9
III	<ul style="list-style-type: none">• Web-based Enrollment Program and Accessibility by Disabled<ul style="list-style-type: none">○ Screen-Reading Compatibility	pp 10-11
IV	<ul style="list-style-type: none">• Roles of and Relationships between Consumers, Carriers, and Certifying Agent<ul style="list-style-type: none">○ Appeal Process○ Data Request	pp 12-15
V	<ul style="list-style-type: none">• Implementation<ul style="list-style-type: none">○ Phase I – Set-up (Sep-Dec, 2005)○ Phase II – Implementation (Jan 1, 2006)○ Phase III – On-going (Jan 1, 2006 and onward)	p 16

CERTIFICATION & VERIFICATION FORMS

CALIFORNIA PUBLIC UTILITIES COMMISSION**UNIVERSAL LIFELINE TELEPHONE SERVICE (ULTS)
CERTIFICATION FORM (Income-based)**

Return form to:
ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102

A. Carrier Information

Name of Carrier:	E-Mail:
	Utility ID #: U- -C
Due date for submission of completed form by Subscriber:	/ /

B. Subscriber Information

First Name and Middle Initial	Last Name	Social Security # - -
Service Address		Suite/Apartment
City	State	Zip Code
Billing Address (if different from service address)		ULTS Telephone # () -
City		State
Zip Code		Contact Tel. () -

C. Income-Based Eligibility Criterion

If you qualify under the income-based criterion, check the appropriate income box below:

Check Box (1 only)	Household Size	ULTS Annual Income Limits (6/1/04 through 5/31/05)
	1-2 members	\$20,100
	3 members	\$23,700
	4 members	\$28,400
	5 members	\$33,100
	6 members	\$37,800
	_____ members	For each additional member after 6 members add \$4,700 to \$37,800: \$

Check the appropriate box/boxes of income documents that you are attaching:

<input type="checkbox"/>	Prior year's state, federal, or tribal tax return;
<input type="checkbox"/>	Income statements from an employer or paycheck stubs for the last three months ;
<input type="checkbox"/>	Statement of benefits from Social Security, Veterans Administration and receive no other income;
<input type="checkbox"/>	Statement of benefits from retirement/pension, unemployment/workmen's compensation, and receive no other income;
<input type="checkbox"/>	Federal or tribal notice of participation in Bureau of Indian Affairs General Assistance;
<input type="checkbox"/>	A divorce decree and receive no other income; or
<input type="checkbox"/>	Child support document and receive no other income.

D. Signature – By signing below, I certify, under penalty of perjury, that the above information including all accompanying income documentation, is true and correct. I have read the instructions and understand that I must meet the eligibility criteria in order to enroll in the ULTS program.

Customer signature	Date
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E. Special communication assistance – In communicating with you, do we need to use special communication assistance? If so, please identify: _____

**INSTRUCTIONS FOR COMPLETING THE ULTS CERTIFICATION FORM
(INCOME-BASED)**

This form is to be used for subscribers that are currently not enrolled in the ULTS program.

Part A – To be completed by carriers if a carrier has enrolled the subscriber in ULTS subject to the completion and submission of the ULTS Certification form by the subscriber.

Part B – To be completed by carriers if a carrier has signed up subscriber for ULTS service(s).

To be completed by the subscriber if he/she wishes to prequalify before contacting carrier.

Part C – To be completed by subscribers.

To be qualified under income-based criterion, your household income must not exceed the income-limit for the corresponding number of members in your households. You must also attach income documents supporting your total household income.

Household Income is defined as all revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

The Commission, the Commission's agent, and the utility may audit and verify the customer's eligibility to participate in the ULTS program, and if the audit establishes that the customer is ineligible, the customer will be removed from the ULTS program and billed for previous ULTS discounts that the customer should not have received.

If you no longer qualify for ULTS, it is your responsibility to notify the Commission in writing at the address indicated below.

Part D – To be completed by subscribers. By signing the form, the subscriber is certifying, under penalty of perjury, that the completed information including all accompanying income document(s) is true and correct. The subscriber also certifies that he/she has read these instructions and he/she must meet the eligibility criteria in order to enroll in the ULTS program.

Mail the completed form with the required income documentation on or before the due date indicated in Part A to:

**ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**

Subscribers enrolled in ULTS subject to the submission of the ULTS Certification form must complete the above described process on or before the date indicated in Part A. Any ULTS subscriber who fails to submit a signed Certification form on or before this date *will be removed* from the ULTS program. The carrier has the authority to bill the subscriber for all ULTS discounts received. The subscriber will also be subject to the carrier's rules for regular residential customers including the establishment of credit.

Part E – To be completed by subscribers. In communicating with you, if the certifying agent and/or the Commission need to use special communication assistance, e.g. language, relay service, TTY, etc., please identify.

CALIFORNIA PUBLIC UTILITIES COMMISSION**UNIVERSAL LIFELINE TELEPHONE SERVICE (ULTS)
CERTIFICATION FORM (Program-based)****Return form to:**
ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**A. Carrier Information**

Name of Carrier:	E-Mail:
	Utility ID #: U- -C
Due date for submission of completed form by Subscriber:	/ /

B. Subscriber Information

First Name and Middle Initial	Last Name		Social Security # - -
Service Address			Suite/Apartment
City	State	Zip Code	ULTS Telephone # () -
Billing Address (if different from service address)			Apartment No.
City	State	Zip Code	Contact Tel. () -

C. Program-Based Eligibility Criterion

If you are enrolled in any one of the following programs, you qualify for ULTS. Please check the corresponding box for the program that you are enrolled in and proceed to Part D, Signature:

<input type="checkbox"/> Medicaid/Medical	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance (Section 8)
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> National School Lunch's FREE Lunch Program Name of Child:	<input type="checkbox"/> Healthy Families Category A Name of Child:
<input type="checkbox"/> Women, Infant and Children (WIC) program	
<input type="checkbox"/> Tribal TANF	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> Tribal NSL	<input type="checkbox"/> Tribal Head Start

D. Signature – By signing below, I certify, under penalty of perjury, that the above information is true and correct. I have read the instructions and understand that I must meet the eligibility criteria in order to enroll in the ULTS program.

Customer signature	Date
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E. Special communication assistance – In communicating with you, do we need to use special communication assistance? If so, please identify: _____

**INSTRUCTIONS FOR COMPLETING THE ULTS CERTIFICATION FORM
(PROGRAM-BASED)**

This form is to be used for subscribers that are currently not enrolled in the ULTS program.

Part A – To be completed by carriers if a carrier has enrolled the subscriber in ULTS subject to the completion and submission of the ULTS Certification form by the subscriber.

Part B - To be completed by carriers if a carrier has signed up the subscriber for ULTS service(s).
To be completed by the subscriber if he/she wishes to prequalify before contacting carrier.

Part C - To be completed by subscribers. If you are enrolled in any one of the approved programs listed on the form, you qualify for ULTS. Since the National School Lunch's FREE Lunch Program and California Healthy Families Category A program are issued to the child instead of the subscriber, subscriber should include name of the child that is enrolled in the respective program.

The Commission, the Commission's agent, and the utility may audit and verify the customer's eligibility to participate in the ULTS program, and if the audit establishes that the customer is ineligible, the customer will be removed from the ULTS program and billed for previous ULTS discounts that the customer should not have received.

If you no longer qualify for ULTS, it is your responsibility to notify the Commission in writing at the address indicated below.

Part D – To be completed by subscribers. By signing the form, the subscriber is certifying, under penalty of perjury, that the completed information is true and correct. The subscriber also certifies that he/she has read these instructions and he/she must meet the eligibility criteria in order to enroll in the ULTS program.

Mail the completed form with the required income documentation on or before the due date indicated in Part A to:

**ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**

Subscribers enrolled in ULTS subject to the submission of the ULTS Certification form must complete the above described process on or before the date indicated in Part A. Any ULTS subscriber who fails to submit a signed Certification form on or before this date *will be removed* from the ULTS program. The carrier has the authority to bill the subscriber for all ULTS discounts received. The subscriber will also be subject to the carrier's rules for regular residential customers including the establishment of credit.

Part E – To be completed by subscribers. In communicating with you, if the certifying agent and/or the Commission need to use special communication assistance, e.g. language, relay service, TTY, etc., please identify.

UNIVERSAL LIFELINE TELEPHONE SERVICE (ULTS) VERIFICATION FORM

Return form to:
ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102

A. Due date for submission of completed form by Subscriber:	/ /
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First Name and Middle Initial		Last Name		Social Security # - -
Service Address				Suite/Apartment
City	State	Zip Code		ULTS Telephone # () -
Billing Address (if different from service address)				Apartment No.
City	State	Zip Code		Contact Tel. () -

If you qualify under the income-based criterion, check the appropriate income box below:

Check Box (1 only)	Household Size	ULTS Annual Income Limits (6/1/04 through 5/31/05)
	1-2 members	\$20,100
	3 members	\$23,700
	4 members	\$28,400
	5 members	\$33,100
	6 members	\$37,800
	_____ members	For each additional member after 6 members add \$4,700 to \$37,800: \$

If you are enrolled in any one of the following programs, you qualify for ULTS. Please check the corresponding box for the program that you are enrolled in and proceed to Part D, Signature:

<input type="checkbox"/> Medicaid/Medical	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance (Section 8)
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> National School Lunch's FREE Lunch Program Name of Child:	<input type="checkbox"/> Healthy Families Category A Name of Child:
<input type="checkbox"/> Women, Infant and Children (WIC) program	
<input type="checkbox"/> Tribal TANF	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> Tribal NSL	<input type="checkbox"/> Tribal Head Start

D. Signature – By signing below, I certify, under penalty of perjury, that the above information is true and correct. I have read the instructions and understand that I must meet the eligibility criteria in order to enroll in the ULTS program.

Customer signature	Date
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E. Special communication assistance – In communicating with you, do we need to use special communication assistance? If so, please identify: _____

INSTRUCTIONS FOR COMPLETING THE ULTS VERIFICATION FORM

This form is used annually for confirming subscriber's continued eligibility in the ULTS program.

Part A – To be completed by Certifying agent.

Part B - To be completed by Certifying agent or subscriber using a blank verification form.

Part C - To be completed by the subscriber. By checking one of the boxes in either the income-based or program-based criterion, the subscriber is confirming that he/she continues to qualify in the ULTS program.

The Commission, the Commission's agent, and the utility may audit and verify the customer's eligibility to participate in the ULTS program, and if the audit establishes that the customer is ineligible, the customer will be removed from the ULTS program and billed for previous ULTS discounts that the customer should not have received.

If you no longer qualify for ULTS, it is your responsibility to notify the Commission in writing at the address indicated below.

Part D – To be completed by subscribers. By signing the form, the subscriber is certifying, under penalty of perjury, that the completed information is true and correct. The subscriber also certifies that he/she has read these instructions and he/she must meet the eligibility criteria in order to enroll in the ULTS program.

Mail the completed form with the required income documentation (if enrolled under the income-based criterion) on or before the due date indicated in Part A to:

**ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**

Subscribers enrolled in ULTS subject to the submission of the ULTS Verification form must complete the above described process on or before the date indicated in Part A. Any ULTS subscriber who fails to submit a signed Verification form on or before this date *will be removed* from the ULTS program. The carrier has the authority to bill the subscriber for all ULTS discounts received. The subscriber will also be subject to the carrier's rules for regular residential customers including the establishment of credit.

Part E – To be completed by subscribers. In communicating with you, if the certifying agent and/or the Commission need to use special communication assistance,

MASTER DATABASE & CONFIDENTIALITY OF CUSTOMERS' PERSONAL INFORMATION

<u>Field Name</u>	<u>Example</u>	<u>Carrier Viewable data</u>	<u>Auto populated (X) for changes and completion (* required and O optional)</u>	<u>New data to be completed by carrier (* required, O optional)</u>
Index #	Abc456abc			
Carrier Name	XYZ Telecom		* X (sign-in)	* X (sign-in)
Carrier U # (4-digit)	1234		* X (sign-in)	* X (sign-in)
Carrier e-mail address	run@abc.net		* X (sign-in)	* X (sign-in)
Language Served	Spanish	X	* X	*
ULTS subscription date	1/2/2004		*	*
Enrollment Form due date				* X (sign-in)
Anniversary date	Feb	X		
Subscriber Name - Last	Doe	X	* X	*
Subscriber Name - First and Middle	Jane A	X	* X	*
Subscriber SSN	987654321		O	O
Qualifying criterion (I or P)	I			*
Qualifying program				
Qualifying Child's name				
# of people in household	10			
ULTS Tel # - (10-digit)	4155551212		* X	*
Service Address: #	432	X	* X	*
Service Address: Street	First St, NW	X	* X	*
Service Address: Suite or Apt		X	X	*
Service Address: City	San Francisco	X	* X	*
Service Address: State	CA	X	* X	*
Service Address: Zip1 (5-character)	94101	X	* X	*
Service Address: Zip2 (4-character)	1234	X	X	O
Billing Address: #	987	X	X	O
Billing Address: Street	2nd St.	X	X	O
Billing Address: Suite or Apt		X	X	O
Billing Address: City	San Francisco	X	X	O
Billing Address: State	CA	X	X	O
Billing Address: Zip1 (5-character)	94101	X	X	O
Billing Address: Zip2 (4-character)	1234	X	X	O
Contact Tel # - (10-digit)	4155551213	X	X	O
Contact Tel extension	555555	X	X	O
Special Accommodation		X	X	O

Buttons:

Change of service provider and/or service address	Add new ULTS customer
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WEB-BASED ENROLLMENT PROGRAM & ACCESSIBILITY BY DISABLED



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► Español

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DDTP

A Program of the California
Public Utilities Commission

Deaf and Disabled
Telecommunications Program

The California Deaf and Disabled

Telecommunications Program (DDTP) is
a California State mandated program,
under governance of the California

[Public Utilities Commission](#)

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CTAP

California Telephone Access
Program - Equipment

The California Telephone Access

Program (CTAP) under the DDTP
distributes telecommunications
equipment and services to individuals

[with disabilities](#)

of hearing, vision, mobility, and

[cognitive disabilities](#)

[Click here for more information](#)



CRS

California Relay Service
The power to call.

California Relay Service

CRS is a 24-hour, toll-free

service that connects
specially-trained operators to
telephone conversations back
between people who are deaf

[and hard of hearing](#)

and people who are deaf-blind

[and people with speech disabilities](#)

[Click here for more information](#)

Program Highlights and Updates

3/14/2005. **New DDTP Website.**

We are proud to announce the new DDTP website. The new website reflects the collaborative efforts and number of users, agencies, and representatives.

[Click here to provide your comments](#)

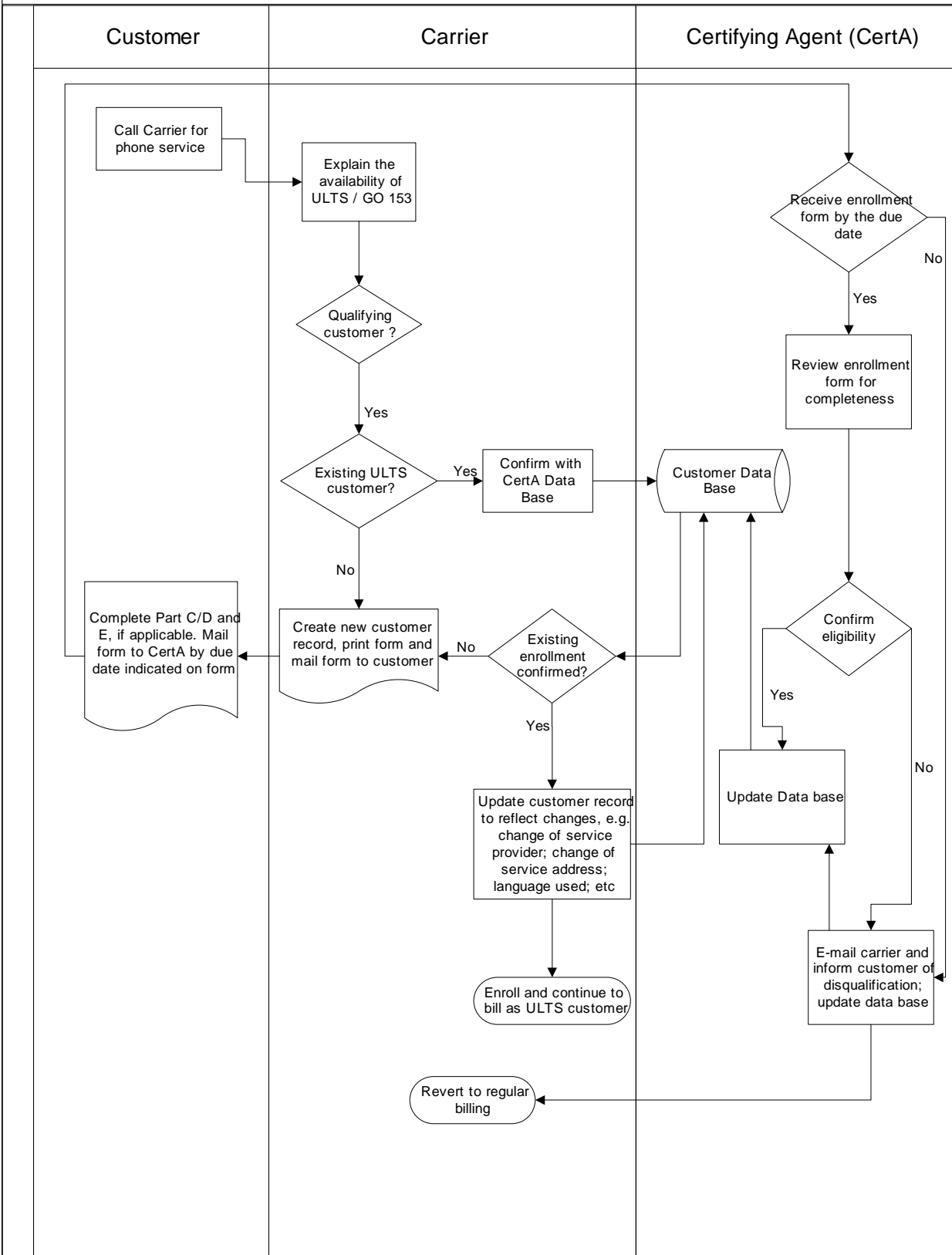
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1/26/2005. **Statewide marketing promotes Dial 711....**

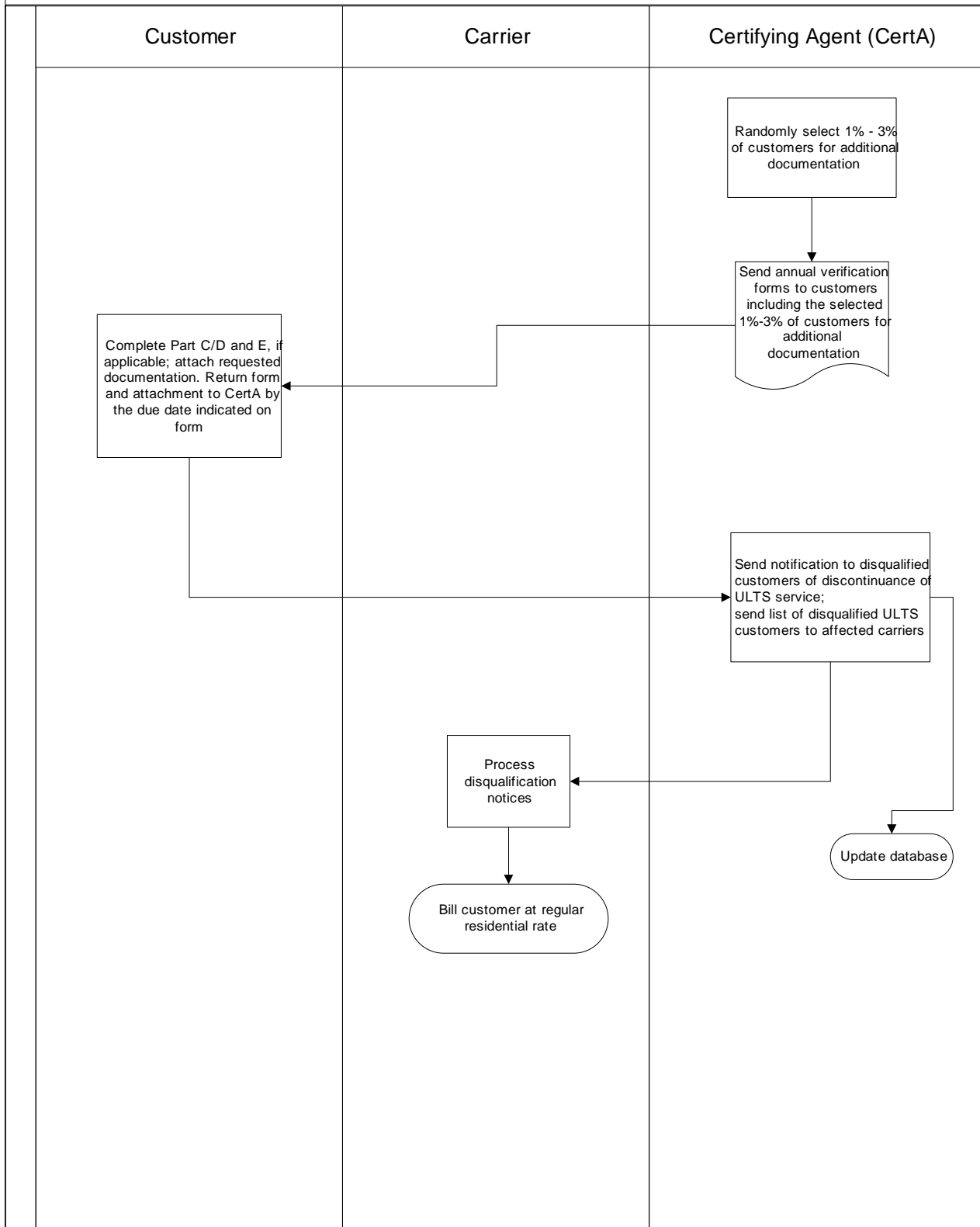
[Click here for more info about Statewide marketing promotes Dial 711...](#)

1/26/2005. **Major media effort in Los Angeles for CTAP....**

CERTIFICATION PROCESS



VERIFICATION PROCESS



ENROLLMENT AND APPEAL PROCESS

Initial Enrollment (Certification):

- 30 days for customers to submit the Certification Form in accordance with GO 153 Sec. 4.2.2;
- 5 days for CertA to finalize review, send letter of qualification or disqualification to customers, send list of disqualified customers to the affected carriers for service conversion and back billing;
 - 10 days for customer to respond to CertA if the customer disagrees with CertA's finding;
 - 5 days for CertA to finalize customer's appeal and send letter of qualification or disqualification to customer. Send list of re-qualified customers to carriers for conversion back to ULTS services.
 - 10 days for disqualified customers to appeal to the CPUC

Continued Enrollment (Verification):

- Send customers annual verification 60 days prior to their anniversary date;
- 20 days for customers to submit the Verification Form;
- 5 days for CertA to finalize review and send letter of qualification or disqualification to customers;
- 10 days for customer to respond to CertA if the customer disagrees with CertA's finding;
- 5 days for CertA to finalize customer's appeal and send letter of qualification or disqualification to customer.
- Send list of disqualified ULTS customers to the affected carriers for service conversion starting in next telephone bill rendered to the customers.
 - 10 days for customer to appeal to the CPUC

Customers filed forms after Due Date (Certification and Verification):

- Send letter of qualification or disqualification to customer. For customers that qualify for ULTS, the letter should inform the customer that he/she is qualified for ULTS on a forward going basis. If he/she wants to enroll in ULTS, he/she should contact the carrier and may be charged the cost of converting their residential service to ULTS services.

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298

**DATA REQUEST (ULTS – 001)****Date:***April 13, 2005***To:****All Carriers serving ULTS Customers****Subject:***ULTS subscribers information***Due Date:***April 22, 2005*

In implementing Commission Decision (D.) 05-04-026, the Telecommunications Division is requesting that your company, a carrier receiving ULTS support, provide a sample of ULTS customer records (approximately 1% of total ULTS customers but not less than 100) containing the following information:

Language Served
ULTS start (subscription) date
Annual re-certification date
Subscriber Name
Subscriber SSN
ULTS Tel #
Service Address
Billing Address
Contact Tel #

Please attach a brief explanation if your ULTS customer records do not contain any of the above information. This sample database should be in any of the following formats: Excel, Access, or comma-delimited format. You may respond via e-mail to gvc@cpuc.ca.gov or by sending a CD to:

Geraldine Carlin
CPUC/Telecommunications Division
505 Van Ness Ave
San Francisco, CA 94102

/s/ David M. Shantz, Program Manager
Telecommunications Division

IMPLEMENTATION

Phase I – Set-up

- Design a program enabling the merging of ULTS customer databases from 35 to 40 carriers into one master database. This master database should facilitate the search of customers by carriers by the customer's last name.
- Design a mechanized system or web-based program with restricted access for carriers.
- Design a web-based program for consumers with screen-reading compatibility
 - Information about ULTS enrollment
 - Online certification and verification forms
- Complete the design and translation to different languages of:
 - Certification form
 - Verification form
- Establish procedural manuals for:
 - Maintenance of the database;
 - Communications to and from carriers;
 - Review of customers' income documents for enrollment;
 - Determination of customers' anniversary dates;
 - Review of customer's annual verification forms; and
 - Storage and purging of customer's income documents, enrollment forms, and verification forms.
- Establish an 800 call-in number for carriers and consumers
- Demonstrate the new enrollment process in public meeting environment and provide training to carriers

Phase II – Implementation

- Merge the carrier databases into a master database;
- Activate the 800 number;
- Activate the web-based program for carriers; and
- Activate the web-based enrollment program for consumers

Phase III – On-going

- Certify and verify ULTS customers;
- Update the master database;
- Update and revise the web-based programs as deemed necessary; and
- Update and revise the procedures manuals as deemed necessary.